



Volunteers Program Coordinator San Bernardino County Probation 175 West 5th Street / 4<sup>th</sup> fl. San Bernardino, CA 92415-0460

(909) 387-6031 fax (909) 387-9667 volunteers@prob.sbcounty.gov www.sbcounty.gov/probation

# **STUDENT INTERN PROGRAM**Qualifications

- Must have documentation verifying enrollment in a college class, specifying quarter(s) and internship requirements.
- Must have a valid Student ID <u>and</u> California ID (or) Driver's License.

### Must submit the above information with your application

#### **Duties**

Generally, a Student Intern will have limited duties assisting either Probation Officers in the community or Probation Corrections Officers in the institutions with their assignments, including investigative work, enforcing court orders, providing specialized services and supervision of wards.

# **Application and Assignment Process**

- Complete an application and submit it to the Volunteers Coordinator at the address indicated above
- You will be contacted to schedule fingerprinting and to take photo for identification.
- Upon clearance, you will receive notification either by mail or phone indicating the name and phone number of the officer/unit you will be assigned to. Telephone the officer indicated, and schedule a meeting, at which time you will sign a Memorandum of Understanding and receive your Student Intern Identification.
  - The officer you are assigned to is responsible for signing-off your hours and evaluating your work.
- The Identification card issued is property of San Bernardino County Probation and must be returned upon completion of hours

The Department retains full rights in choosing or rejecting an application at-will and is under no obligation to disclose reasons for their decision.





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# **FINGERPRINT APPLICATION**

lame:(Last) (First) (Middl	Aliases	Aliases/Maiden:nitial)			
S #			Gender: M F		
st any Social Security numbers, dates of birth	or names by which you	have been identi	fied by:		
alifornia Driver's License #		Date of Expiration:			
lt: Wt: Eye Color: _	Hair Color:	Race	:		
lace of Birth:	Country	Country of Citizenship:			
ddress:(Number) (Street)	(C:t\	(Ctata)	(Zin Codo)		
ome Telephone:					
-mail address					
	pt for Minor Traffic Vi				
ave you ever been arrested for any violation o	•	YES	NO		
ave you ever been indicted for any violation o	120	NO			
	ve you ever been a defendant in a criminal proceeding?		NO		
ave you ever been convicted of any violation ave you, your significant other, or any member		YES	NO		
mily ever been on Probation or Parole?	ers or your infinediate	YES	NO		
our answer is "Yes" to any of the above que	stions, explain including		-		
grant the Probation Department permission t		, criminal, and ve	hicle record check,		
hich is standard procedure for all new employ			al arterior and the		
acknowledge that if for any reason the Proba digation to explain why. I also acknowledge	,		,		
at I may be terminated or released from servi					
•	,	,	<b>9</b> ,,		
nereby certify that all statements made on this	a application forms are to	a to the best of	ou lenoudodos		

DATE:\_\_\_\_

SIGNATURE:\_\_\_\_





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## STUDENT INTERNSHIP REQUEST

This page will be forwarded to the Officer supervising your hours.

Name:	D.O.B		Gender: M	F	
Address:(Number)	(Street)	(City)	(State)	(Zin Code)	
,	, ,	, ,,			
Home Telephone:					
E-mail address		Cell Telephor	ne:		
	Course	Information (m	ust complete)		
College:					
Course # and Title:					_
Dates of Semester/Quarter 7	Гегт:		Hours require	ed:	
Name of Instructor: Telephone:					
Languages spoken fluently: Special Skills/Abilities: Do you have a particular inte					nagers?
AREA PREFERENCE: San Bernardino	Rancho C	Cucamonga	☐ Victorvi	ille	
Barstow	Morongo	Basin			
	Stud	ent Intern Unde	erstanding		
I understand that the San application at-will and is und				rights in choosing o	or rejecting my
SICNATUDE.			DATE.		





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To the Officer supervising the Intern: First of all...Thank you! The Intern you are offering to supervise has been instructed to call you and set an appointment. Please issue them the attached Identification Card and have them sign this agreement.

Forward a copy of this agreement plus the I.D Card to the Recruiter in Support Services when the hours are completed

#### STUDENT INTERN MEMORANDUM OF UNDERSTANDING

I	understand and agree to the following terms while serving the
San Bernardino County Probation	Department as a Student Intern:

- I will respect the authority of the officer I am assigned to and coordinate all my activities through him/her.
- I will demonstrate ethical conduct and maintain professional manners with the public.
- I will use my identification card solely for the purpose of working on assignment, <u>and will turn it in to the officer supervising my hours immediately upon my completion or termination from the internship agreement.</u>
- I will dress in a neat manner projecting a professional and positive image.
- I will conduct myself in a manner that promotes the safety and welfare of our clients, staff and public.
- I will maintain confidentiality of all names and record information I am exposed to. And I will never access
  any information that I am not legally entitled to through the computer and data information systems made
  available to me. (Refer to laws: PC502; 11105; 13300; 11140-11144; 13301-13305; G.C. 6200); CVC
  1808.45)
- I understand that I am an "at-will" volunteer without vested property rights in my position and may be terminated/released at any time, without cause, and without the right of appeal.
- If I observe any behavior that I suspect as Child Abuse or Elder Abuse, I will disclose the information to the officer supervising my hours immediately, and if so instructed, I will submit a report to the designated authorities according the law PC11166 and 11166.5 and W&IC15630.
- I will not drive an official or personal vehicle in the course of duties for the department.

Please sign this form with the Officer who is assigned to supervise your hours as your witness.					
Signature					
Officer Supervising Intern					

# San Bernardino County Probation Student Intern Record of Hours

(OPTIONAL-Student may provide own form)

Name:		D.O.B	Gender:	Gender: M F	
College:					
Dates of Semeste	er/Quarter Term: _		Hour	rs required:	
Name of Instruct	tor:	Telephone:			
Date	Hours	Officer's Initials	Date	Hours	Officer's Initials

**TOTAL HOURS:** 

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#### Guide for Evaluating the Student Intern's Performance

- 1. Did the student keep his/her word? Show on the days agreed upon? Was he/she on-time? What was the pattern? If absent, did he/she call in advance and give notice?
- 2. Did the student learn quickly? What was his/her aptitude for the demands of the job?
- 3. Did the student follow through with instruction?
- 4. What was the student's attitude? When working with staff? Working with clients/public?
- 5. What was the margin of error/completeness of work turned in?
- 6. What area does the student need training or academic attention?
- 7. What are the student's talents, qualities, special skills that lend to a career in Probation?
- 8. Would you recommend the Department consider this student for hire should they apply?